STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011274	A. BUILDING: _____ B. WING _____	C 07/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERWALK COMMUNITIES LLC	401 SE SIXTH ST EVANSVILLE, IN 47713

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00131398. Complaint IN00131398 - Substantiate. No deficiencies related to the allegations are cited. Survey date: July 16, 2013 Facility number: 011274 Provider number: 011274 AIM number: N/A Survey team: Anne Marie Crays, RN Census bed type: Residential: 92 Total: 92 Census payor type: Medicaid: 84 Other: 8 Total: 92 Sample: 6 Riverwalk Communities LLC was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00131398. Quality Review 07/17/13 by Lisa McColly	R 000		